Lesbian, Gay, Bisexual, and Transgender Adolescents:

Continuing Issues in Health and Wellbeing

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Adolescence is the transitional developmental period that bridges that gap between childhood and adulthood (Hutchinson, 2015, p.225). Adolescence occurs in three stages; early, middle and late and ranges from ages eleven to twenty-two years of age. During adolescence, many biological, psychological, and social, and changes occur (Hutchinson, 2015, p. 227). Stanley Hall, an American psychologist described adolescence as a period of “storm and stress,” a time when hormones cause many psychological and social difficulties (Hutchinson, 2015, p. 225). This statement is accurate for all adolescents and particularly so for those who belong to a minority group such as the Lesbian, Gay, Transgender, and Queer or Questioning (LGBTQ) community. This research will only reference Lesbian, Gay, Bi-sexual and Transgender (LGBT).

The LGBT community has made significant progress in society. At one time, homosexuality was considered a diagnosable mental disorder. This added to the social stigma and negatively impacted LGBTQ adolescents, making this transitional phase increasingly difficult. However, this diagnosis was removed from the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, in 1973 (UC Davis). Since then, sexual orientation and identity, whether heterosexual or homosexual has been viewed as a transition or adjustment by the mental health profession. Unfortunately, it appears as though society is not as accepting of the LGBT community, which contributes to the stigma, victimization, and continued

developmental difficulties for LGBT youth in adolescence. A growing body of evidence has identified that LGBT adolescents are at a higher risk for negative health outcomes such as suicide, mental illness, substance use disorders, and more health problems than their heterosexual peers (Rogers, 2016).

Stress Associated with Stigma and Mental Illness

When compared to heterosexual peers, individuals who identify as a sexual minority such as LGBT report lower levels of self –confidence, higher levels of psychological stress, and a lower level of overall wellbeing. As well, members who exhibit behavior non-typical of their gender (also referred to as gender non-conformity) are found to experience more rejection, stigmatization, and report a lower level of well-being (Rogers, 2016). Gender non-conformity is found to be a strong predictor of reported poorer well-being and a higher stigmatization than sexual orientation alone (Baams, et al.). Stigmatization can adversely affect the development of an adolescent LGBTQ as it can worsen their psychosocial adjustment, mental health, and induce more health risk behaviors (Rogers, 2016).

Several types of stress are identified by members of the LGBT community. The first source of stress is from discrimination and concealing one’s personal sexual identity. Discrimination entails being subject to prejudice events. A key example of this for the LGBT adolescent is being bullied at school and rejected by family and friends. The second identified source of stress is the expectation and worrying about experiencing these

prejudice events. The third source of stress is concealment and this involves constant self-monitoring to ensure that one's behaviors are consistent with the expected gender based behaviors (Birkett, Newcomb & Mustanki, 2015). Lastly, internalizing negative societal views can cause individuals to form a lower self-worth based on social stigma. Further, the event of "coming out" can be associated with high levels of stress. Also, if the adolescent receives a non-supportive or negative reaction to their coming out, this can lead to greater psychological stress (Rogers, 2016).

In a 2003 article, Ilan Meyer describes the stress concept as when "individuals exceed their capacity to endure, therefore having potential to induce mental or somatic illness." He explains that "social stress extends stress theory by suggesting that conditions in the social environment, not only personal events, are sources of stress that may lead to mental and physical ill effects" (Meyer, 2003). Meyer (2003), highlights that "*minority stress* is the additional stress to which individuals from stigmatized social categories experience as a result of their social, often a minority, position. LGBT adolescent's experience "*minority stress"* similar to that of other minority groups. Increased levels of stress, especially during adolescence exacerbate the risk of mental illness. It is notable to mention that LGBT adolescents', at times, experience stress on both the personal/individual/familial level as well as socially, which causes an overall heightened sense of stress at all times (Meyer, 2003).

Bullying and Victimization

Bullying is one of the largest contributors to LGBT adolescent risk factors. Bullying has gained significant attention at the national and state level. It has been acknowledged that adolescents who identify as LGBT are at an increased risk for victimization (Rogers, 2016). A nationwide survey of 7,800 LGBT students found that 55.5% felt unsafe at school, 74.1% had endured verbal harassment, 36.2% had experienced physical harassment, and 49% experienced cyber bullying. Possibly the biggest contributor to LGBT adolescent social stress, mental disorders, substance abuse, health risks, and suicide rates is bullying (Rogers, 2016). It is estimated that approximately 30% of all U.S. students in grades 6 through 10 experience bullying as the victim, perpetrator, or both; of this large percentage over 1.6 million students reported being bullied because of their actual, or perceived sexual orientation (Swearer, Turner, Givens, & Pollack, 2008).

Cyberbullying is especially profound within the LGBT community. A 2013 study concluded that LGBT youth use the internet 45 minutes more per day than that of their heterosexual peers and 42% of youth in this study had experienced cyberbullying (Rogers, 2016). One example of this is the 2010 case of an 18-year-old Rutgers University freshman, named Tyler Clementi. Clementi killed himself after discovering his roommate secretly used a webcam to stream him kissing another male over the internet. Clementi’s roommate planned the act and notified students that knew Tyler so that they would be watching. As a result, Clementi committed suicide by jumping off the George Washington Bridge. For a period of time his death

received national media attention that focused on the victimization of LGBT youth. The suicide of Tyler Clementi and the media attention it attracted, caused New Jersey legislators to enact the nation's harshest law against bullying and harassment in 2011, known as the Anti Bullying Bill of Rights. The law requires all public schools to implement anti-bullying policies, increase staff training, and comply with deadlines and particular reporting episodes (The New York Times, 2011).

Hate Crimes and Violence

Data collected by the Federal Bureau of Investigation shows that LGBT and those perceived to be LGBT, are victimized more than heterosexual counterparts. In the last 25 years more than 100,000 hate crimes have been reported to the FBI. In 2007, 1,265 LGBT targeted crimes were reported alone. Sexual orientation is the third highest motivator for targeted hate crime incidents which accounts for 17% total attacks. A study conducted from 1994 to 1995, recorded 1,000 hate crimes and found that on average, sexual orientation or gender identity motivated hate crimes yielded higher levels of violence when compared to other motivated hate crimes. A survey of high school students found that bi-sexual, gay, and lesbian youth reported increasingly higher rates of sexual abuse and forced sexual encounters than that of their heterosexual peers. Fifty-four percent of LGBT individuals report having fears of being the victim of a hate crime (Marzullo & Libman, 2009).

One of the first widely reported hate crimes that involved a LGBT young adult was the 1998 murder of Matthew Shepard. Shepard was murdered by two young men that claimed to be gay and offered him a ride home. Mathew Shepard, just 21 at the time, was taken to ranch where he was beaten and left to die. The committers were not charged with a hate crime, because, LGBT were not covered under any legislation at the time. The Matthew Shepard Act was passed in 2009, covering hate crimes like his in federal law and ensures that local law enforcement have the resources necessary to address hate crimes (Jackson, 2009).

Substance Use

LGBT adolescents use substances at a significantly higher rate than their heterosexual peers. In August of 2016, the Centers for Disease Control and Prevention (CDC) reported that LGBT youth are more than 5 times likely to report using illicit substances than their peers. The journal of *Addiction*, published a review in April of 2008, reporting “the odds of substance use for LGBT youth were, on average, 190% higher than for heterosexual youth and substantially higher within some subpopulations of LGBT youth, 340% higher for bisexual youth, 400% higher for females” (Marshal et al., 2008). Lifetime prevalence rates of illicit drug use are seen to be higher in the minority group. Theories postulate that the higher rates of substance use are associated with an attempt to cope with stress and stigmatization. Also, a lack of support through family, friends, and religious affiliations is seen as a contributor to this theory. However, studies have

shown that schools can decrease the drinking rates among LGBT adolescents when they have Gay-Straight alliances and protect LGBT youth with anti-bullying policies (Rogers, 2016). As well, a LGBT-inclusive curriculum is seen to lead to feelings of safety and reduced victimization (Kosciw, Greytak, and Bartkiewicz, et al.).

Sexual Behavior and Risk

The CDC presented the first nationally represented study on the health outcomes of LGBT youth in 2016. The findings revealed that LGBT students are more likely to report being forced to have sex and to experience sexual and physical dating violence. Studies have shown that LGBT youth are more likely to engage in risky sexual behavior such as, having multiple sex partners and not using protection, when compared to heterosexual youth. Additionally, homelessness among the LGBT community is seen to happen at disproportioned rates making these youths more likely to be exposed to sexual exploration and victimization (LGBT Youth, 2016).

Moreover, *The Journal of the American Academy of Pediatrics* published an article that compared health outcomes of LGBT young adults and adolescents to outcomes of young individuals that felt their sexual orientation was accepted by their families. The rates of unprotected sex with partners of those that reported family rejection were 46% compared to 24% of those reporting low rejection. Sexually transmitted diseases were diagnosed 33% more in those individuals who reported rejection, compared to 24% of those with low rates of rejection (Ryan, Huebner, Diaz, &

Sanchez, 2009). This is an example of not only the poor health outcomes among LGBT youth and young adults, but demonstrations how family and social support can decrease high risk behaviors.

Suicide

The CDC study reported that more than 40% of LGBT youth have seriously considered suicide with 29% attempting suicide in the past 12 months. Of this same group of students, 60% reported being so sad and hopeless they stopped doing their usual activities (Health Risks among Sexual Minority, 2015). Russell & Joyner (2001) conducted a study with a national representation and found that LGBT youth were more than twice as likely as their heterosexual peers to attempt suicide. The study specifically focused on the “strong effect of sexual orientation on suicidal thoughts and critical youth suicide risk factors, including depression, hopelessness, alcohol abuse, recent suicide attempts by a peer or a family member, and experiences of victimization” (Russell & Joyner, 2001). The article’s findings provide evidence that LGBT adolescents are more likely than their heterosexual peers to attempt suicide or have suicidal ideation (Russell & Joyner, 2001).

Support

Before the 1990’s there were very limited resources for the LGBT adolescent. Gay and transgender youth had little information to learn about their sexuality or receive support. Recently, the internet and schools (diversity clubs) serve as sources of accurate and helpful information for the

LGBT youth. Until recently, research was limited on supporting children through the process of gender identify. The Family Acceptance Project (FAP) is a community research, intervention, education, and policy initiative project started in 2002 through San Francisco State University. FAP studied how family acceptance and rejection can affect health, mental health, and well-being of LGBT youth. FAP compared LGBT youth who were rejected by their families when 'coming out' and LGBT youth who were not rejected by their families when 'coming out.' They found that youth who were rejected were more than eight times as likely to commit suicide, six times as likely to report high levels of depression, three times as likely to use illicit drugs, and more than three times as likely to be at high risk for contracting HIV. Family acceptance and reactions can greatly affect the mental health, self-esteem, and well-being of a LGBT youth (Family Acceptance Project).

In response to LGBT youth committing suicide after being bullied at school columnist Dan Savage and his partner Terry Miller started a public movement by posting a YouTube video to carry the message of hope to the young LGBT community that "it gets better." Now a worldwide movement with over 50,000 videos with over 50 million views, the It Gets Better Project is a source of support for LGBT youth. The slogan, "it gets better" is referring to how support expands and quality of life increases for LGBT's during adulthood. The organization's mission is; "to help young people who are lesbian, gay, bisexual, or transgendered to see how love and happiness can be a reality in their future. The project has received submissions from

activists, politicians, organizations, and celebrities (It Gets Better Project). Groups like the *It Gets Better Project* and studies like the FAP are working towards expanding support for the LGBT youth and gaining attention to the harm of bullying.

Conclusion

LGBT youth are at a high risk for suicide, mental illness, substance use disorders, health problems, bullying, victimization and increased levels of stress. Although this matter has gained public attention and appears to be improving more effort is needed. A healthy school environment is necessary to be conducive to learning and provide a positive social atmosphere. In order to do this, anti-bullying initiatives and education on LGBT needs to be presented to reduce stigma, as well as gay-straight alliances. Support is an instrumental factor in the adolescence of a LGBT youth and this starts at home. More education is needed in the public to discredit myths of sexuality such as “it’s just a phase” or “they choose to be gay.” Although a growing movement has started at the national level, little, or nothing has been done at the community level. Much more needs to be done to change or reduce the stigma associated with being a LGBT youth to reduce the stress, bullying, victimization, and social outcast. Our society is losing an entire generation to an epidemic of stigma, hate, and suicide.

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